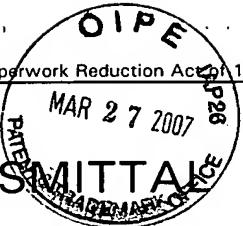


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

	Application Number	10/009,663
	Filing Date	with an effective filing date of May 15, 2000
	First Named Inventor	Colin DUNLOP
	Group Art Unit	3736
	Examiner Name	Jonathan M. FOREMAN Fax: (571) 273-8300
Total No. of Pages in this Submission: 16	Attorney Docket Number	GRIHAC P38AUS

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	March 22, 2007	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 22, 2007

Type or printed name	Michael J. Bujold
Signature	
Date: March 22, 2007 (tac)	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p style="text-align: center;"><b>Effective on 12/08/2004.</b>  <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4828)</b></p> <p style="text-align: center;"><b>Fee Transmittal</b>  <b>For FY 2007</b></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT: \$760</p>		<p style="text-align: center;"><b>Complete if Known</b></p> <table border="1"> <tr> <td>Application No. Filing Date First Named Inventor Examiner Name Art Unit</td> <td>10/009,663 with an effective filing date of May 15, 2000 Colin DUNLOP Jonathan M. FOREMAN 3736</td> </tr> <tr> <td>Attorney Docket No.</td> <td>GRIHAC P38AUS</td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/009,663 with an effective filing date of May 15, 2000 Colin DUNLOP Jonathan M. FOREMAN 3736	Attorney Docket No.	GRIHAC P38AUS
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Attorney Docket No.	GRIHAC P38AUS						

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account      Deposit Account Number 04-0213      Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)     Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (4)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

$$\text{Total Claims} - 20 \text{ or HP} = \frac{\text{Extra Claims}}{} \times \frac{\text{Fee ($)}}{} = \frac{\text{Fee Paid ($)}}{} \quad \text{Multiple Dependent Claims} \quad \frac{\text{Fee ($)}}{} \quad \frac{\text{Fee Paid ($)}}{}$$

$$\text{Indep. Claims} - 3 \text{ or HP} + \frac{\text{Extra Claims}}{} \times \frac{\text{Fee ($)}}{} = \frac{\text{Fee Paid ($)}}{} \quad \frac{\text{Fee ($)}}{} \quad \frac{\text{Fee Paid ($)}}{}$$

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

$$\text{Total Sheets} - 100 = \frac{\text{Extra Sheets}}{} / 50 = \frac{\text{No. of each additional 50 or fraction thereof}}{} \times \frac{\text{Fee ($)}}{} = \frac{\text{Fee Paid ($)}}{}$$

## 4. OTHER FEE(S)

$$\text{Other (e.g., late filing surcharge): } \frac{\text{Official Fee for Notice of Appeal}}{} = \frac{\text{Fee Paid ($)}}{} \quad \text{Other (e.g., late filing surcharge): } \frac{\text{Official Fee for Petition for Three Month Extension}}{} = \frac{\text{Fee Paid ($)}}{}$$

## SUBMITTED BY

Signature			Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent)	32,018
		Date: March 22, 2007	